



Guidelines for Medical Necessity Determination for Speech and Language Therapy

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for speech and language therapy services performed in *outpatient and home settings*. These Guidelines are based on generally accepted standards of practice, review of medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 450.000 (all providers), 432.000 (independent therapists), 410.000 (outpatient hospitals), 430.000 (rehabilitation centers), 403.000 (home health agencies), 413.000 (speech and hearing centers), and 433.000 (physicians), for information about coverage, service limitations, and prior-authorization requirements applicable to this service. Providers serving members enrolled in MassHealth-contracted managed care organizations (MCOs) should refer to the MCO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions.

Section I. General Information

Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other symbol systems used for communication.

MassHealth considers approval for coverage of speech and language therapy services on an individual, case-by-case basis, in accordance with 130 CMR 450.204.

Section II. Clinical Guidelines

A. Clinical Coverage

MassHealth determines medical necessity for speech and language therapy services by considering multiple criteria. These criteria include, but are not limited to, the following.

1. The member presents one or more of the following signs and symptoms.
 - a. **Aphagia** – inability to swallow.

- b. **Aphasia** – Absence or impairment of the ability to communicate through speech, writing, or signs because of brain dysfunction. It is considered complete or total when both sensory and motor areas are involved.
 - c. **Aphonia** – inability to produce sounds from the larynx due to paralysis, excessive muscle tension, or disease of laryngeal nerves.
 - d. **Apraxia** – inability to form words to speak, despite an ability to use oral and facial muscles to make sounds.
 - e. **Dysarthria** – difficult or defective speech that involves disturbances in muscular control (paralysis, weakness, or lack of coordination) of the speech mechanism (oral, lingual, pharyngeal, or respiratory muscles) resulting from damage to the central or peripheral nervous system.
 - f. **Dysphagia** – difficulty in swallowing.
 - g. **Dysphasia** – impairment of language from a brain lesion or neurodevelopmental disorder.
 - h. **Dysphonia** – difficulty in speaking due to impaired ability of muscles involving voice production.
 - i. **Vocal cord dysfunction** – impairment of vocal cord mobility due to structural or functional abnormalities resulting from neurological or organic diseases.
2. A medical history and a physical exam have been conducted by a *licensed physician or clinician* to determine factors contributing to a speech and language communication disorder. The history and physical must include:
 - a. a brief description of the condition and date of onset;
 - b. the member's functional status before the onset of the condition;
 - c. tests and measures used to diagnose the disorder;
 - d. any past treatments; and
 - e. the member's current medical status or other disabilities.
3. The risk factors have been identified and documented. Such factors can include, but are not limited to, the following:
 - a. neurological disorders or dysfunctions (for example, cerebral palsy or hearing loss);
 - b. surgical procedures, such as partial, comprehensive, or radical laryngectomy, glossectomy, or repaired cleft palate;
 - c. cognitive impairments that affect communication functions; and
 - d. medical conditions resulting in communication disorders that may need restorative therapy, such as:
 - progressive or static neurological conditions including Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis, Huntington's disease, and myasthenia gravis;
 - traumatic brain injury that may exhibit apraxia, dysarthria, dysphagia, or inadequate respiratory volume control;
 - cerebrovascular disease, such as cerebrovascular accidents, presenting dysphagia, aphasia, apraxia, or dysarthria;
 - mental retardation with disorders of aphasia, apraxia, dysphagia, or dysarthria; or
 - laryngeal carcinoma requiring a partial or total laryngectomy that results in aphonia or dysphonia.
4. A comprehensive evaluation has been conducted to determine the member's current medical status, disability, level of functioning, health and psychosocial status, and the need for treatment.
5. A written treatment plan to treat the communication disorder that includes all of the following elements has been developed:
 - a. the diagnosis with date of onset or exacerbation of the condition;
 - b. the anticipated functional treatment goals and potential for achievement;
 - c. the short-term and long-term functional treatment objectives that are specific and measurable;
 - d. the treatment techniques and interventions to be used, including amount, frequency, and duration required to achieve goals;

- e. education of the member and primary caregiver to promote awareness and understanding of diagnosis, prognosis, and treatment; and
 - f. a summary of all treatment provided and results achieved (response to treatment, changes in the member's condition, problems encountered, and goals met) during previous periods of therapy services as applicable.
6. The type of service requested includes one or more of the following:
- a. Diagnostic and evaluation services:
 - to determine the type, causal factors, severity of speech and language or swallowing disorders and the extent of service required to restore functions of speech, language, voice fluency, and swallowing; or
 - when the member exhibits changes in functional speech or remission of a medical condition that previously contraindicated speech therapy.
 - b. Therapeutic services defined as services that require active corrective/restorative therapy for communication disorders that result from:
 - cerebrovascular accidents presenting with dysphasia, aphasia, aphonia, dysphagia, apraxia, dysphonia, and/or dysarthria;
 - medical and neurological conditions (for example, Parkinson's disease, multiple sclerosis, or traumatic brain injury) exhibiting dysarthria, dysphagia, aphonia, dysphonia, or inadequate respiratory volume/control; or
 - laryngeal carcinoma requiring partial or total laryngectomy that results in aphonia so the member can develop new communication skills through esophageal speech or use of an electrolarynx.
7. Therapy services are reasonable and necessary as follows:
- a. the member's condition requires treatment of a level of complexity and sophistication that can only be safely and effectively performed by a licensed speech therapist;
 - b. the treatment program, outlined under Section I.A.5, is expected to significantly improve the member's condition within a reasonable and predictable period of time, or prevent the worsening of functions that affect the ADLs or IADLs that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries;
 - c. the amount, frequency, and duration of services are reasonable by professionally recognized standards of practice for speech/language therapy; and
 - d. services are provided under the care of a licensed physician, or when allowed by MassHealth regulations, by a licensed nurse practitioner, with a written treatment plan that has been developed in consultation with a licensed speech therapist.

B. Noncoverage

MassHealth does not consider speech and language therapy services to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. The services involve non-diagnostic, non-therapeutic, routine, or repetitive procedures to maintain general welfare and do not require the skilled assistance of a licensed therapist.
2. The treatment of speech and language delays is not associated with a chronic medical condition, neurological disorder, acute illness, injury, or congenital defect.
3. The therapy replicates services that are provided concurrently by any other type of therapy, particularly occupational therapy, which should provide different treatment goals, plans, and therapeutic modalities. (Refer to the MassHealth Guidelines for Medical Necessity Determination for Physical Therapy and for Occupational Therapy.)
4. The treatment is for a dysfunction that is self-correcting (for example, natural dysfluency or developmental articulation errors).
5. There is no clinical documentation or treatment plan to support the need for therapy services or continuing therapy.

6. The treatment is for stuttering or stammering that is not caused by a neurological condition or brain injury.

Section III: Submitting Clinical Documentation

- A. Prior authorization is required for speech and language therapy services for all members after the 35th visit within a 12-month period. The request for prior authorization must be accompanied by clinical documentation that supports the need for the services being requested.
- B. Documentation of medical necessity must include all of the following:
 1. the primary diagnosis name and ICD-CM code specific to the treatment for which services are requested;
 2. the secondary diagnosis name and ICD-CM code specific to the medical condition;
 3. the severity of the signs and symptoms pertinent to the communication disorder;
 4. the member's medical history and last physical exam, as indicated in Section I.A.2;
 5. a comprehensive evaluation of the member's condition, as indicated in Section I.A.4;
 6. a written treatment plan, goals, and the member's rehabilitation potential, including any risk factors or comorbid conditions affecting the treatment plan as indicated in Section I.A.5;
 7. the proposed type of service, amount, frequency, and duration of treatment; and
 8. documentation of measurable progress toward previously defined goals.
- C. Clinical documentation must be submitted using the MassHealth Prior Authorization Request and the Request and Justification for Therapy Services. The forms must be completed by the licensed physician, or licensed nurse practitioner if allowed by MassHealth regulations, and the speech/language therapist involved in the member's care. Consult the Automated Prior Authorization System (APAS) at www.masshealth-apas.com for instructions for electronic submissions.
- D. MassHealth bases its determination of medical necessity for speech and language therapy services on a combination of clinical data and the presence of indicators that would complicate treatment or affect recovery, or when evaluations demonstrate measurable and objective progress.

Select References

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These Guidelines are based on review of the medical literature and current practice in rehabilitation services for speech and language therapy. MassHealth reserves the right to review and update the contents of this policy and cited references as new clinical evidence and medical technology emerge.

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Approved by:  , Medical Director